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Facsimile Transmittal

To: Examiner Twyler M. Lamb
Art Unit 2622

Fax: (703) 872-9306

From: Patrick J.S. Inouye *RJL*

Date: December 5, 2003

Re: Notice of Appeal
Serial No. 09/346,559

Pages: 4 (including cover sheet)

CC:

Urgent

For Review

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Notes: In response to the Final Office Action mailed on October 8, 2003, for the above-identified patent application, please find attached hereto:

- USPTO Transmittal Form
- Notice of Appeal
- Fee Transmittal

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PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

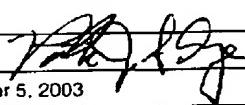
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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		Application Number	09/346,559
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Filing Date	June 30, 1999
		First Named Inventor	Goldberg, David
		Art Unit	2622
		Examiner Name	Twyler M. Lamb
Total Number of Pages in This Submission		Attorney Docket Number	
		D/99176	

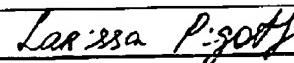
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks			
 22895 <small>PATENT TRADEMARK OFFICE</small>			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Law Offices of Patrick J.S. Inouye
Signature	
Date	December 5, 2003

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being transmitted to the USPTO via facsimile, to (703) 872-9306 on the date shown below.

Type or printed	Larissa V. Pigott
Signature	
Date December 5, 2003	

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PTO/SB/17 (10-03)

Approved for use through 07/31/2006, OMB 0651-0032

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 330)

Complete if Known

Application Number	09/346,559
Filing Date	June 30, 1999
First Named Inventor	Goldberg
Examiner Name	Twyler M. Lamb
Art Unit	2622
Attorney Docket No.	D/99176

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None Deposit AccountDeposit Account Number 24-0037
Deposit Account Name Xerox Corporation

The Director is authorized to: (check all that apply)

 Charge fees indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)			330
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims	Extra Claims	Fee from below	Fee Paid
- 20** =	X	=	
- 3** =	X	=	
Independent Claims			
Multiple Dependent			
Large Entity	Small Entity	Fee Description	
Fee Code (\$)	Fee Code (\$)	Fee Description	
1202 18	2202 9	Claims in excess of 20	
1201 66	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	**Reissue independent claims over original patent	
1205 18	2205 9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)			
* or number previously paid, if greater; For Reissues, see above			
Other fee (specify)			
*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) (\$ 330)			

Complete if applicable

SUBMITTED BY			
Name (Print/Type)	Patrick J.S. Inouye	Registration No. (Attorney/Agent)	40297
Signature		Telephone	(206) 381-3900
		Date	December 5, 2003

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